STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145719	A. Building B. Wing	04/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincoln Village Healthcare	2202 North Kickapoo Street Lincoln, IL 62656

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the Facility failed to provide adequate staffing requirements for Registered Nurse coverage and a full-time Director of Nursing meeting the requirements of a Facility with a Resident census over the amount of 60 Residents. This failure has the potential to affect all 83 Residents residing in the Facility.Findings include: The Facility Resident Census Report documents 83 Residents residing in the facility.The Facility Assessment, 7/10/25, documents: the Facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure Resident safety and highest practicable well-being of each Resident; serves as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources; licensed to provide for 126 Residents; identifies Nursing Services staff members required to provide needed the support and care of Residents (Director of Nursing, Registered Nursing, Licensed Practical Nurse, Infection Preventionist, Restorative Nurse and Minimum Data Set/MDS); the title of Director of Nursing as V2 (Director of Nursing); personnel with administrative duties as two Registered Nurses and four Licensed Practical Nurses.The Director of Nursing Job Description, undated, documents: monitoring of all major nursing programs, overall compliance with the Facility's State and Federal regulatory nursing program compliance; observations regarding nursing issues; assure proper staffing of the nursing departments via the hiring process in accordance with established staffing budgets; create and maintain work schedules and determine and delegate work assignments to assure the Facility nursing services maintain all State, Federal and local regulations.The Facility Nurse Schedules (2/2/26, 2/3/26, 2/6/26, 2/10/26, 2/16/26, 2/17/26, 2/19/26, 2/20/26, 2/22/26, 2/25/26, 2/26/26, 2/27/26, 2/28/26, 3/1/26, 3/3/26, 3/4/26, 3/5/26, 3/6/26, 3/7/26, 3/8/26, 3/17/26, 3/19/26, 3/25/26, 4/1/26 and 4/2/26) document V2 (Director of Nursing) as the primary assigned nurse. On 2/2/26, 2/3/26, 2/6/26, 2/16/26, 2/17/26, 2/18/26, 2/19/26, 2/20/26, 2/26/26, 2/28/26, 3/1/26, 3/3/26, 3/5/26, 3/6/26, 4/1/26 and 4/2/26, the Schedule documents V2's assignment ([NAME]/Cadence Hallway) on the 6:00 am to 2:00 pm shift. The Schedule documents V2's assignment ([NAME]/Cadence Hallway) on 2/17/26 (8:00 pm to10:00 pm), 2/22/26 (2:00 pm to 6:00 pm shift), 2/25/26 (4:00 pm to 10:00 pm), 2/27/26 (6:00 pm to 10:00 pm), 3/7/26 (6:00 am to 11:00 am), 3/17/26 (6:00 pm to 10:00 pm, 3/19/26 (6:00 pm to 10:00 pm). The Schedule documents V2's assignment (Harmony Two Hall) on 2/10/26 at 6:00 am to 8:00 am). The Schedule documents V2's assignment (Respiratory Hall) on 3/4/26 (6:00 to 10:00 pm), 3/8/26 (6:00 am to 9:00 am) and 3/25/26 (6:00 pm to 10:00 pm). On 4/1/26 and 4/3/26 (during the hours of 8:30 am and 2:00 pm), V2 (Director of Nursing) was the primary nurse assigned to the [NAME]/Cadence Hallway. On 4/1/26 and 4/3/26 at 8:30 am to 9:30 am, V2 performed a medication pass to Residents.The Facility Nurse Schedules (2/8/26 and 2/22/26) do not document a Registered Nurse assignment.On 4/3/26 at 10:11 am, V10 (Licensed Practical Nurse/Wound Nurse) stated, (V2) has to help on the floor quite a bit.On 4/1/26 at 9:30 am, V2 (Director of Nursing) stated, I work the floor a lot because we need coverage.On 4/3/26 at 1:15 pm, V5 (Clinical Nurse Consultant) stated, We have a very difficult time staffing this building and (V2) does have to help on the floor a lot. We just cannot seem to be able to hire nurses in this building.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review the Facility failed to ensure authorized personnel were signing for intravenous medication administration in the electronic Medication Administration Record for two of three Residents (R2 and R3) reviewed for medication administration in a sample of six.Findings include: The Facility Medication Administration Policy, dated 10/25/14, documents: medications are administered in accordance with good nursing principles and practices and only by persons legally authorized to do so; medications are administered only by licensed personnel or other personnel authorized by State laws and regulations to administer medications; medications are administered in accordance with written orders of the prescriber; persons who prepare the dose for administration is the person who administers the dose; medications are administered within sixty minutes of scheduled time; the individual who administers the medication dose records the administration on the Resident's Medication Administration Record/MAR directly after the medication is given; at the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented; and the Resident's MAR is initialed by the person administering the medication in the space provided under the date, on the line for that specific medication dose administration.The Facility Registered Nurse Job Description, undated, documents: provide licensed nursing care to Residents on assigned unit in accordance with current Federal, State and Local standards, guidelines and regulations; dispense medications as ordered by the attending Physician in accordance with Facility policies; and ensure that appropriate documentation/charting is completed as required and in accordance with established policy and procedures.R2's Medication Administration Record/MAR for February 2026 documents an order for intravenous (IV) antibiotic medication (Zerbaxa three grams every eight hours) with a start date of 2/4/26 and an end date of 2/8/26 and another order for this same medication and dose with a start date of 2/8/26 and an end date of 2/13/26. Three total doses of the IV antibiotic were signed out by Licensed Practical Nurses/LPNs: the 2/6/26 2:00 PM dose was signed out by V15/LPN, the 2/10/26 6:00 AM dose was signed out by V16/LPN, and the 3/12/26 6:00 AM dose was signed out by V17/LPN.R2's MAR for March 2026 documents an order with a start of 3/4/26 and end date of 3/16/26 for IV antibiotic (Fetroja two grams every six hours) for Severe Sepsis Without Septic Shock. Seven total doses of the IV antibiotic were signed out by Licensed Practical Nurses/LPNs: the 3/5/26 6:00 PM dose was signed out by V10/LPN, the 3/6/26 12:00 AM dose and the 3/8/26 12:00 PM and 6:00 PM doses were signed out by V13/LPN, the 3/11/26 6:00 AM dose was signed out by V8/LPN, and the 3/12/26 12:00 AM and 6:00 AM doses were signed out by V14/LPN.R3's MAR for February 2026 documents an order for IV antibiotic (Meropenem two grams every eight hours) with a start date of 2/24/26 and an end date of 3/3/26. The 2/26/26 2:00 PM dose was signed out by V10/LPN.On 4/11/26 at 1:43 pm, V8 (Licensed Practical Nurse/LPN) stated, I do not personally administer the IV medication. (V2/DON) or (V4/Assistant Director of Nursing) are the primary nurses that administer the IV's. Usually the nurse working the floor will sign out the medications on the MAR for them (V2 and V4) after they give it.On 4/1/26 at 12:50 pm, V2 (Director of Nursing) stated, (V4/Assistant Director of Nursing) and myself are usually the only nurses that administer all of our intravenous (IV) medications. I just do not trust our nurses. I have even stayed in the hotel across the street to just be close to the Facility so I can give the Residents their ?IV meds.' Usually, the floor nurses sign out the medications for me after I administer them. I do not usually sign them out myself.On 4/3/26 at 1:15 pm, V5 (Clinical Nurse Consultant) stated, The nurse that gives the medications should be the nurse that signs out the medication on the Medication Administration Record. Licensed Practical Nurses should not be signing out ?IV' medications that only a Registered Nurse is licensed to give.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. The Facility failed to document accurate and timely medication administration for six of six Residents (R1, R2, R3, R4, R5 and R6) reviewed for medication administration in a sample of six.Findings include: The Facility Medication Administration Policy, dated 10/25/14, documents: medications are administered in accordance with good nursing principles and; medications are administered within sixty minutes of scheduled time; the individual who administers the medication dose records the administration on the Resident's Medication Administration Record/MAR directly after the medication is given; at the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented.The Facility Registered Nurse Job Description, undated, documents: provide licensed nursing care to Residents on assigned unit in accordance with current Federal, State and Local standards, guidelines and regulations; dispense medications as ordered by the attending Physician in accordance with Facility policies; and ensure that appropriate documentation/charting is completed as required and in accordance with established policy and procedures.The Facility Licensed Practical Nurse Job Description, undated, documents: provide licensed nursing care to Residents on assigned unit in accordance with current Federal, State and Local standards, guidelines and regulations; dispense medications as ordered by the attending Physician in accordance with Facility policies; and ensure that appropriate documentation/charting is completed as required and in accordance with established policy and procedures.R1's Medication Administration Record/MAR, dated 2/1/26 through 3/31/26, documents: antibiotic medication administration (Amoxicillin-Potassium) start date of 2/28/26 and end date of 3/15/26 and the MAR documents late administration/charted late on 2/28/26 through 3/6/26, 3/8/26 through 3/15/26 and 3/26/26 through 3/31/26; pain medication (Hydrocodone-Acetaminophen 10-325 milligram/mg twice a day) start on 2/16/26 and end 3/30/26, the MAR documents late administration/charted late on 2/16/26 to 2/18/26, 2/20/26 to 3/6/26, 3/8/26 to 3/16/26, and 3/21/26 through 3/29/26; and antibiotic (Doxycycline Hyclate 100 mg every 12 hours) start on 2/28/26 and end 3/15/26, the MAR documents late administration/charted late on 2/28/26 to 3/6/26 and 3/8/26 to 3/15/2, 3/26/26 to 3/31/26.R2's Medication Administration Record/MAR, dated 2/1/26 through 3/31/26, documents: intravenous antibiotic medication (Zerbaxa three grams every eight hours) start: on 2/4/26 and end 2/13/26, the MAR documents late administration/charted late 2/4/26 to 2/10/26 and 2/12/26 to 2/13/26; intravenous antibiotic (Fetroja two grams every six hours for Severe Sepsis) start date of 3/4/26 and end date of 3/16/26, MAR documents late administration/charted late 3/4/26 through 3/16/26 with undocumented doses on 3/6/26 at 12:00 PM and 3/11/26 at 12:00 PM; and insulin (Lantus U-100 Insulin 54 units twice a day for Type II Diabetes Mellitus) start date of 2/4/26, MAR documents late administration/charted late on 2/4/26, 2/5/26, 2/7/26 to 2/16/26, 2/18/26 to 2/23/26, 3/6/26 to 3/17/26, 3/19/26 to 3/26/26, and 3/28/26 to 3/31/26.R3's Medication Administration Record, dated 2/1/26 through 3/31/26, documents: antibiotic medication (Amoxicillin-Potassium Clavulanate every 12 hours for Pneumonia) start date of 3/25/26 and end date of 3/31/26, MAR documents late administration/charted late on 3/25/26 to 3/31/26; antibiotic (Doxycycline Hyclate 100 mg/milligrams every 12 hours for pneumonia) start on 3/25/26 and end date of 4/3/26, MAR documents late administration/charted late on 3/25/26 through 3/27/26, and on 3/30/26; antibiotic (Meropenem two grams intravenous every 8 hours) start date of 2/24/26 and end date of 3/3/26, MAR documents late administration/charted late on 2/25/26 through 3/1/26, with an undocumented dose on 3/3/26 at 2:00 PM; and antibiotic (Vancomycin 500 mg/milligrams intravenous once a day for Bacteremia) start date of 2/25/26 and end date of 3/2/26, MAR documents late administration/charted late on 2/25/26, 2/27/26, 2/28/26, and 3/2/26.R4's Medication Administration Record/MAR, dated 2/1/26 through 3/31/26, documents: medications (Enoxaparin 40 milligram/mg for blood thinner, Hydrocodone-Acetaminophen 10-325 mg for pain) MAR documents late administration/charted late on 2/3/26 through 2/19/26, 2/21/26 and 2/26/26; and medication (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(Micafungin for Sepsis) MAR documents late administration/charted late on 3/25/26 through 3/28/26 and 3/31/26.R5's Medication Administration Record, dated 2/1/26 through 3/21/26, documents: medication (Xarelto 20 mg), MAR documents late administration/charted late on 2/3/26 through 2/9/26, 2/11/26 through 2/13/26, 2/17/26 through 2/22/26, 2/24/26, 2/26/26 through 2/28/26; medication (Xarelto blood thinner) MAR documents late administration/charted late on 2/2/26 through 2/9/26, 2/11/26 through 2/13/26, 2/17/26 through 2/22/26, 2/24/26, 2/26/26 through 2/28/26; medication (Zosyn antibiotic) MAR documents late administration/charted late on 2/13/26, 2/14/26, 2/16/26 through 2/18/26, 2/20/26 through 2/22/26; and medication (Xarelto blood thinner) MAR documents late administration/charted late on 3/2/26 through 3/13/26, 3/16/26, 3/21/26, 3/24/26 through 3/29/26.R6's Medication Administration Record, dated 2/1/26 through 3/21/26, documents: medication (Buspirone 15 mg) MAR documents late administration/charted late on 2/1/26 through 2/28/26, 3/1/26 through 3/16/26, 3/19/26 through 3/31/26; medication (Ibuprofen 600 mg) MAR documents late administration/charted late on 2/1/26, 2/4/26 through 2/6/26, 2/12/26, 2/16/26 through 2/19/26, 2/25/26 and 2/28/26; medication (Ibuprofen 600 mg) MAR documents late administration/charted late on 2/1/26 through 2/3/26, 2/5/26 through 2/28/26; medication (Vanlafaxine 75mg) MAR documents late administration/charted late on 2/1/26, 2/4/26 through 2/6/26, 2/12/26, 2/16/26 through 2/19/26, 2/25/26 and 2/28/26, and 3/30/26; medication (Haloperidol 0.5 mg) MAR documents late administration/charted late on 3/1/26 through 3/16/26, 3/19/26 through 3/31/26.On 4/3/26 at 10:11 am, V10 (Licensed Practical Nurse/Wound Nurse) stated, There are different steps to completing the medication pass in the electronic charting system. The first step the nurses take is when they dispense the medication. Then after they administer the medication, I think they are not going back and hitting the ?complete' button, so all their administration charting is late. Also, I think they get so far behind that they do not have the time to actually go back and hit that ?complete' button, and they just do it at the end of their shift. It is a bad habit they have gotten in to.On 4/1/26 at 12:50 pm, V2 (Director of Nursing) stated, The nurses are giving the medications, but it looks like they are just using the electronic medication administration record charting wrong. They are not charting that the medications are given/completed immediately after they administer the medications, they wait until after the entire medication pass or at the end of their shift.On 4/3/26 at 1:15 pm, V5 (Clinical Nurse Consultant) stated, The nurses are not completing the charting correctly. They should complete the medication administration in its entirety right after they administer the medication, and follow the charting through till the end.